CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN

Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN

A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW														
FACILITY ID #		_				1.	CERS	ID		A1.	DATE OF	PLAN PRE	EPARATION/REVISION	A2.
BUSINESS NAME (Same as F	acility Nar	ne or DB.	A - Doir	ng Bus	iness As	i)								3.
BUSINESS SITE ADDRESS														103.
BUSINESS SITE CITY										104.	CA	ZIP COL	DE	105.
TYPE OF BUSINESS (e.g., Pai	inting Con	tractor)					A3.	INCIE	DENTAL	OPERA	TIONS (e.g.,	, Fleet Mair	ntenance)	A4.
THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply) A5. 1. HAZARDOUS MATERIALS; 2. HAZARDOUS WASTES														
B. INTERNAL RESPONSE														
INTERNAL FACILITY EMER ☐ 1. CALLING PUBLIC EME ☐ 2. CALLING HAZARDOUS ☐ 3. ACTIVATING IN-HOUS	ERGENCY S WASTE	RESPO?	NDERS ACTOR	L OCC (i.e., 9	CUR VI 9-1-1)					31 2				B1.
C. EMERG	ENCY	COM	IMU	NIC	ATI	ON	IS, P	HON	E NUI	MBE	RS AND	NOTI	FICATIONS	
Whenever there is an imminer Emergency Coordinator is on ca 1. Activate internal facility alar 2. Notify appropriate local auth 3. Notify the California Emerge Before facility operations are r Substances Control (DTSC), the with requirements to: 1. Provide for proper storage and the facility; and	all) shall: ms or com orities (i.e. ency Mana, resumed in e local Un ad disposal	munication, call 9-1- gement A areas of iffied Proportion	ons systems. 1). 2). 2) the factoring and Agram Agr	ems, wat (800) cility a gency (there ap) 852-75 ffected (UPA), ntamina	plica 550. by t and	the incident the location of the social or second or sec	notify aldent, the al fire dourface w	l facility pe emergen epartment vater, or an	cy coor s hazar	el. dinator shall dous materia	notify the ls program results fro	California Department of that the facility is in comman explosion, fire, or re-	Toxic pliance
2. Ensure that no material that cleanup procedures are comp		atible wi	th the r	eleased	d mater	ial i	s transf	erred, st	ored, or d	isposed	of in areas	of the facil	ity affected by the incide	nt until
INTERNAL FACILITY EMER ☐ 1. VERBAL WARNINGS; ☐ 4. PAGERS;		☐ 2. I		CADD	RESS (FICATION SY		OCCU	R VIA: (Che 3. TELE 6. POR	EPHONE;		C1.
NOTIFICATIONS TO NEIGHI ☐ 1. VERBAL WARNINGS; ☐ 4. PAGERS;	BORING I	☐ 2. I		CADD	RESS (BY AN OM SY		E REL	EASE WILL 3. TELE 6. POR	EPHONE;		C2.
EMERGENCY RESPONSE PHONE NUMBERS:	CALIFO NATION	RNIA EN	MERGE PONSE	NCY I	MANA(ΓER (NI	GEM RC)	MENT A	GENCY	(CAL/E	MA)			9-1-1 (800) 852-7550 (800) 424-8802 (800) 222-1222	
														C3.
	OTHER			107 1171	HOLIN	01 (01700	0171)				C4.		C5.
NEAREST MEDICAL FACILI												C6.		C7.
AGENCY NOTIFICATION PH				ALIFOI	RNIA F)EP	г оғт	OXIC S	URSTAN	CES CO	ONTROL (D	rsc)	(916) 255-3545	
	101121101	.IBERG.									D	<i>'</i>	[C8.
							•				(US EPA)		(800) 300-2193	
													(916) 358-2900	
										` ′				
													(0.40) 000 0000	
					(Specify							C9.		C10.
					(Specify							C11.		C12.

D. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES
SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES: (Check all boxes that apply to indicate your procedures for containing spills, releases fires or explosions; and preventing and mitigating associated harm to persons, property, and the environment.)
fires or explosions; and. preventing and mitigating associated harm to persons, property, and the environment.) 1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.; 2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls); 3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, pigs, pillows); 4. COVER OR BLOCK FLOOR AND/ OR STORM DRAINS; 5. BUILT-IN BERM IN WORK / STORAGE AREA; 6. AUTOMATIC FIRE SUPPRESSION SYSTEM; 7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS (e.g. Flammable liquids, Propane); 8. STOP PROCESSES AND/OR OPERATIONS; 9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM; 10. SHUT-OFF WATER, GAS, ELECTRICAL UTILITIES AS APPROPRIATE; 11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE / MEDICAL AID; 12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AREAS; 13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION CALL; 14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE RESPONSE TEAM; 15. REMOVE OR ISOLATE CONTAINERS / AREA AS APPROPRIATE;
☐ 16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR; ☐ 17. USE ABSORBENT MATERIAL FOR SPILLS WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
□ 18. SUCTION USING SHOP VACUUM WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE; □ 19. WASH / DECONTAMINATE EQUIPMENT W/ CONTAINMENT and DISPOSAL OF EFFLUENT / RINSATE AS HAZARDOUS WASTE; □ 20. PROVIDE SAFE TEMPORARY STORAGE OF EMERGENCY-GENERATED WASTES;
□ 21. OTHER (Specify):
E. FACILITY EVACUATION
THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY): 1. BELLS; 2. HORNS/SIRENS; 3. VERBAL (I.E., SHOUTING);
4. OTHER (Specify): E2. THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.)
Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation. EVACUATION ROUTE MAP(S) POSTED AS REQUIRED Note: The map(s) must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas, and must be prominently posted throughout the facility in locations where it will be visible to employees and visitors. F. ARRANGEMENTS FOR EMERGENCY SERVICES
Explanation of Requirement: Advance arrangements with local fire and police departments, hospitals, and/or emergency services contractors should be made as appropriate for your facility. You may determine that such arrangements are not necessary.
ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following)
☐ 1. HAVE BEEN DETERMINED NOT NECESSARY; or ☐ 2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify): F2.

G. EMERGENCY EQUIPMENT

Check all boxes that apply to list emergency response equipment available at the facility and identify the location(s) where the equipment is kept and the equipment's capability, if applicable. [e.g., \boxtimes CHEMICAL PROTECTIVE GLOVES | Spill response kit | One time use, Oil & solvent resistant only.]

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TYPE	EQUIPMENT AVAILABLE G1.	LOCATION G2.	CAPABILITY (If applicable) G3.
Safety and	1. CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS		
First Aid	2. CHEMICAL PROTECTIVE GLOVES	G4.	G5.
	3. CHEMICAL PROTECTIVE BOOTS	G6.	G7.
	4. SAFETY GLASSES / GOGGLES / SHIELDS	G8.	G9.
	5. HARD HATS	G10.	G11.
	6. CARTRIDGE RESPIRATORS	G12.	G13.
	7. SELF-CONTAINED BREATHING APPARATUS	G14.	G15.
	(SCBA) 8. FIRST AID KITS / STATIONS	G16.	G17.
	9. PLUMBED EYEWASH FOUNTAIN / SHOWER	G18.	G19.
	10. PORTABLE EYEWASH KITS	G20.	G21.
	11. ☐ OTHER	G22.	G23.
	12. ☐ OTHER	G24.	G25.
Fire	13. PORTABLE FIRE EXTINGUISHERS	G26.	G27.
	14. FIXED FIRE SYSTEMS / SPRINKLERS /	G28.	G29.
	FIRE HOSES 15. FIRE ALARM BOXES OR STATIONS	G30.	G31.
	16. ☐ OTHER	G32.	G33.
Spill	17. ALL-IN-ONE SPILL KIT	G34.	G35.
allu Cleen IIn	18. ABSORBENT MATERIAL	G36.	G37.
	19. CONTAINER FOR USED ABSORBENT	G38.	G39.
	20. BERMING / DIKING EQUIPMENT	G40.	G41.
	21. BROOM	G42.	G43.
	22. SHOVEL	G44.	G45.
	23. SHOP VAC	G46.	G47.
	24. EXHAUST HOOD	G48.	G49.
	25. EMERGENCY SUMP / HOLDING TANK	G50.	G51.
	26. CHEMICAL NEUTRALIZERS	G52.	G53.
	27. GAS CYLINDER LEAK REPAIR KIT	G54.	G55.
	28. SPILL OVERPACK DRUMS	G56.	G57.
	29. OTHER	G58.	G59.
Communi-	30. TELEPHONES (Includes cellular)	G60.	G61.
cations and Alarm Systems	31. INTERCOM / PA SYSTEM	G62.	G63.
	32. PORTABLE RADIOS	G64.	G65.
	33. AUTOMATIC ALARM CHEMICAL	G66.	G67.
Other	MONITORING EQUIPMENT 34. OTHER	G68.	G69.
	35. OTHER	G70.	G71.

H. EARTHQUAKE VULNERABILITY					
Identify areas of the facility that are vulnerable to hazardous materials releases / spills due to earthquake-related motion. These areas require immediate isolation and inspection.					
	H1. LOCATIONS (e.g., shop, outdoor shed, forensic lab) H2. H3. H4. H5.				
Identify mechanical systems vulnerable to releases / spills due to earthquake-related mo	otion. These systems require immediate isolation and inspection.				
	16. LOCATIONS H7 H8 H8 H9 H10				
I. EMPLOYEE	TRAINING				
 Hazard communication related to health and safety; Methods for safe handling of hazardous substances; Fire hazards of materials / processes; Conditions likely to worsen emergencies; Coordination of emergency response; Notification procedures; 					
INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply) 1. FORMAL CLASSROOM; 2. VIDEOS; 3. SAFETY/TAILGATE MEETINGS; 4. STUDY GUIDES / MANUALS (Specify): 5. OTHER (Specify): 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES					
 Large Quantity Generator (LQG) Training Records: Large quantity hazardous waste generators (i.e., who generate more than 270 gallons/1,000 kilograms of hazardous waste per month) must retain written documentation of employee hazardous waste management training sessions which includes: A written outline/agenda of the type and amount of both introductory and continuing training that will be given to persons filling each job position having responsibility for the management of hazardous waste (e.g., labeling, manifesting, compliance with accumulation time limits, etc.). The name, job title, and date of training for each hazardous waste management training session given to an employee filling such a job position; and A written job description for each of the above job positions that describes job duties and the skills, education, or other qualifications required of personnel assigned to the position. Current employee training records must be retained until closure of the facility. Former employee training records must be retained at least three years after termination of employment. 					
J. LIST OF ATTACHMENTS					
(Check one of the following) ☐ 1. NO ATTACHMENTS ARE REQUIRED; or ☐ 2. THE FOLLOWING DOCUMENTS ARE ATTACHED:	J1. J2.				
K. SIGNATURE / CERTIFICATION					
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete, and that a copy is available on site.					
SIGNATURE OF OWNER/OPERATOR	DATE SIGNED K1.				
NAME OF SIGNER (print) K2.	TITLE OF SIGNER K3.				